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DATE: October 14, 2009

PTO IDENTIFIER: Application Number 10/547,681-Conf. #7192

Patent Number

Inventor: Fanglin ZOU et al.

MESSAGE TO: US Patent and Trademark Office

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Attorney Dkt. #: 4390-0108PUS1

PAGES (Including Cover Sheet): 7

CONTENTS: Fee Transmittal (1 page)
Extension of Time (1 page)
Response to Restriction Requirement (3 pages)
Certificate of Transmission (1 page)

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Application No. (if known): 10/547,681

Attorney Docket No.: 4390-0108PUS1

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PTO/SB/17 (10-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete If Known Application Number 10/547,681-Conf. #7192 Filing Date September 2, 2005 First Named Inventor Fanglin ZOU Examiner Name N. A. Levkovich Art Unit 1797 Attorney Docket No. 4390-0108PUS1	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	65.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																																																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																	
	FILING FEES		SEARCH FEES		EXAMINATION FEES																																												
		Small Entity		Small Entity		Small Entity																																											
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)																																										
Utility	330	165	540	270	220	110																																											
Design	220	110	100	50	140	70																																											
Plant	220	110	330	165	170	85																																											
Reissue	330	165	540	270	650	325																																											
Provisional	220	110	0	0	0	0																																											
2. EXCESS CLAIM FEES																																																	
							Small Entity																																										
							Fee (\$)																																										
Fee Description																																																	
Each claim over 20 (including Reissues)							52																																										
Each independent claim over 3 (including Reissues)							220																																										
Multiple dependent claims							390																																										
							195																																										
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td colspan="7"> - or HP = _____ x _____ = _____ </td> </tr> <tr> <td colspan="7"> HP = highest number of total claims paid for, if greater than 20. </td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td colspan="7"> - or HP = _____ x _____ = _____ </td> </tr> <tr> <td colspan="7"> HP = highest number of independent claims paid for, if greater than 3. </td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	- or HP = _____ x _____ = _____							HP = highest number of total claims paid for, if greater than 20.							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				- or HP = _____ x _____ = _____							HP = highest number of independent claims paid for, if greater than 3.							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																											
- or HP = _____ x _____ = _____																																																	
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																														
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HP = highest number of independent claims paid for, if greater than 3.																																																	
3. APPLICATION SIZE FEE																																																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																	
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)																																										
- 100 = _____		/ 50 = _____		(round up to a whole number) x _____																																													
							Fees Paid (\$)																																										
4. OTHER FEE(S)																																																	
Non-English Specification, \$130 fee (no small entity discount)																																																	
Other (e.g., late filing surcharge): 2261 Extension for response within first month							65.00																																										

SUBMITTED BY			
Signature 	Registration No. (Attorney/Agent) 28,380	Telephone (703) 205-8015	
Name (Print/Type) James M. Slattery gm		Date October 14, 2009	

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JMS/CJM/cdr